

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1										
2	1										
3	1										
4	1										
5	1										
6	1										
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29				5							
30				4							
31				4							
32				4							
33				5							
34				5							
35				5							
36				5							
37				5							
38				3							
39				1							
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	6										
TOTAL DEP.	84	5									
TOTAL CLAIMS	90	46									
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											